

## WE HAVE CHECKED YOUR APPLICATION

---

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[names of children]** are eligible for free or reduced price meals and have decided that:

- ☐ Your children's eligibility has not changed.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **from reduced price to free** because
  - \_\_\_\_ your income is within the free meal eligibility limits. Your children will receive meals at no cost.
  - \_\_\_\_ one or more of your children are categorically eligible based on FIP or Food Assistance enrollment. Your children will receive meals at no cost.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your children are no longer eligible** for free or reduced price meals because:
  - \_\_\_\_ records show that none of your children receive Food Assistance or FIP.
  - \_\_\_\_ your income is over the limit for free or reduced price meals.
  - \_\_\_\_ your foster child's status was not confirmed and/or the child's income was over the limit.
  - \_\_\_\_ you did not provide: \_\_\_\_\_
  - \_\_\_\_ you did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name], [address], [phone number]**.

Sincerely,

**[signature]**

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue,*

*SW, Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

---